Case 2:01-mc-00021-KSH Document 51 Filed 02/28/06 Page 1 of 1 PageID 28/22/22

U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

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PLAINTIFF	<i>(</i> )	· · · · · · · · · · · · · · · · · · ·						CASE NUME -MC000			
CityScape DEFENDANT Walsh Sec	urities, I	7.C.						F PROCESS	NOTICE OF		
			*/38.4(38.813V. /	YADDOD ATION	v ere repued	n neco	DIPTION OF	DD ODED TV T			
SERVE (	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Property Located At: 263-265 S. 10th Street, Lot 18, Block 1796										
- • ₹		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)									
AT	Newark,			. Ton Ony, Dia	c and zar code,						
SEND NOTICE	OF SERVICE CO	PY TO REQU	ESTER AT	NAME AND A	ADDRESS BELOW:	l Mass	har of necess	e to ha	<u>₹</u> 977		
							iber of proces ed with this I	# 0/E			
Francis Ballak, Esq. Goldanbarg, Mackler, Sayagh, Mintz, et al 660 New Road Northfield, NJ 08225							ber of parties d in this cas	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
							k for service J.S.A.				
SPECIAL INSTR	RUCTIONS OR O	THER INFOR	MATION TI	HAT WILL AS	SIST IN EXPEDITIN	G SERVI	ICE (Include	Business and	Alternate Addresses, All		
Telephone Numb	ers, and Estimated	Times Availa	ble For Serv	vice):	2012 F 81 - 82 - 84 - 84 - 84 -	0 001(1)	102 (11111000	Duoinoso una	Fold		
Signature of Attor	rncy or other Origin	ator requesting	service on t	ehalf of:	□ PLAINTIFF		EPHONE NU		DATE		
FRANCIS B	ALLAK, ESQ	<u> </u>	· <del>-</del> ·		☐ DEFENDAN	T 60	09) 646-	0222	2/27/2006		
SPACE BI	ELOW FOR	USE O	F U.S. N	MARSHA	L ONLY — D	O NO	T WRIT	E BELO	W THIS LINE		
I acknowledge receipt for the total Total Process District District number of process indicated. District to Serve			Signature of Auth	Signature of Authorized USMS Deputy or Clerk Date							
(Sign only first USM 285 if more than one USM 285 is submitted)			_	<u>a/5</u> ;							
					occ of service, Thave the individual, compa						
☐ I hereby certi	ify and return that	I am unable	to locate the	e individual, co	ompany, corporation, o	te., nam	icd above (Se	e remarks bei	low)		
Name and title of individual served (if not shown above)							A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete	e only if different th	an shown aho	vc)				<b>3</b> /.	of Service 28 Sen G nature of U.S.	Time am  5:30 pm  Marshal or Deputy		
Service Fee 45,00	Total Mileage Ch (including endes 2,0\$		arding Fee	Total Charges	Advance Deposits	Amoun	t owed to U.S	. Marshal or	Amount of Refund		
REMARKS: 2/2	28/2006 1055	rel 25	miles	X2=5.	8 X, 36 = 2 -46 -47	, 08 , 08					

PRIOR EDITIONS MAY BE USED

FORM USM-285 (Rev. 12/15/80)